

7934

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 1111

Place of Birth Miami County Hills No. _____ St. _____

SEX OF CHILD* Male Twin } and } Number in order of birth
Triplet }
or other? }

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Dec 10 1915
(Month) (Day) (Year)

Joe Bustamante
(Give name in full) (Surname)

FULL NAME FATHER Antonio Bustamante

Mrs. Refugio B. Bust
(Parent's Signature)

FULL MAIDEN NAME MOTHER Refugio Backom

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 5/20/41

125-1210-924